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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 38744

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 9017

FILED DEC 11 1940

1. PLACE OF DEATH:
(a) County
(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Mi Missouri Baptist
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County
(c) City or town St. Louis 10
(If outside city or town limits, write "RURAL")
(d) Street No. 3219 Dodier St.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Mae Duncan Williams
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Percy
6. (c) Age of husband or wife if alive 55 years
7. Birth date of deceased December (Month) 11, (Day) 1889 (Year)

8. AGE: Years 50 Months 10 Days 20 If less than one day hr. min.

9. Birthplace Richill, Missouri (City, town, or county) Missouri (State or foreign country) 0
10. Usual occupation Housewife 0
11. Industry or business
MOTHER FATHER
12. Name George W. Duncan 0
13. Birthplace (City, town, or county) Missouri (State or foreign country)
14. Maiden name Mary Crowe
15. Birthplace (City, town, or county) Missouri (State or foreign country)
16. (a) Informant Percy R. Williams
(b) Address 3219 Dodier
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-2-1940 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary
18. (a) Signature of funeral director A. Kron L. U. Co.
(b) Address 2707 N. Grand Ave.
19. (a) NOV 1 1940 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 31
year 1940 hour 2 minute 00 a. M.
21. I hereby certify that I attended the deceased from 10/23, 1940, to 10/31, 1940
that I last saw her alive on 10/31, 1940;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Embolism aorta at Bifurcation	7 days
Due to	
Due to	
Other conditions Gangrene both legs (Include pregnancy within 3 months of death) caused by embolism	7 days

92a

Major findings:
Of operations
Of autopsy Aortic mitral Stenosis - Hemorrhagic nephritis acute.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
(Specify type of place)
While at work? (e) Means of injury
23. Signature Jos. P. Berman (M. D. or other)
Address 1225 No. Grand Date signed 11/1/40

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed Paul F. Knollenbe

Licensed Embalmer No. 2631

P. O. Address 2707 N Gran

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.